

Iowa Child and Adult Care Food Program At Risk After School Snack Program Monthly Attendance Record

Institution: Site:																						
Month & Year: Date																						TOTAL
Child's full name																						
1																						
2																						
3																						
3 4 5 6																						
5																						
6																						
7																						
8																						
9																						
10																						
11																						
12																						
13																						
14																						
15																						
16																						
17																						
18																						
19																						
20																						
Daily Totals																						
Adults-Enter number of adults served each day.																						
Number of Days Snacks Served: Signature of person completing form:																-	Dat	e:				
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